

2010-134-A

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE: ☐ IXC ☒ CLEC ☐ ILEC ☐ Wireless

223353

**CERTIFICATED COMPANY I**

ComTech 21 LLC  
Company Name

TELEPHONE

203-679-7000

Db/a/fka

Telephone #

One Barnes Park South

Mailing Address

Wallingford CT 06492

City, State, Zip Code

one Barnes Park South

Business Location

Wallingford CT 06492

New Haven

City, State, Zip Code

County

**REGISTERED AGENT INFORMATION**

Registered Agent: TCS Corporate Services, Inc.

Mailing Address: 2 Office Park Court - Suite 103

City, State, Zip Code: Columbia SC 29223

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Richard Minervino SR  
**General Manager** (Include address if different than above.)  
203-679-7000 203-679-7387 rminervino@comtech21.com  
Telephone Number Facsimile Number E-mail Address
- B. MATT SOSNOWSKI  
**Customer Relations/Complaints Representative** (Include address if different than above.)  
203-679-7232 203-679-7387 msosnowski@comtech21.com  
Telephone Number Facsimile Number E-mail Address
- C1. Laura Matosian  
**Customer Relations/Complaints Representative for Escalated Complaints** (Include address if different than above.)  
203-679-7257 203-679-7387 lmatosian@comtech21.com  
Telephone Number Facsimile Number E-mail Address
- C2. 877-312-5564  
**Customer Contact (Toll Free Number)**
- D. MATT SOSNOWSKI  
**Engineering Operations** (Include address if different than above.)  
203-679-7232 203-679-7387  
Telephone Number Facsimile Number E-mail Address
- E. MATT SOSNOWSKI msosnowski@comtech21.com  
**Test and Repair** (Include address if different than above.)  
203-679-7232 1 1  
Telephone Number Facsimile Number E-mail Address

RECEIVED  
JUN 2010

REC SC  
MAIL/DMS

F.

**Emergencies** (During non-office hours)

877-312-5564 / 877-312-5544

Telephone Number

Facsimile Number

E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G.

Michael Brady

**Regulatory Officer** (Include address if different than above.)

203-679-7000

1203-679-7387

Telephone Number

Facsimile Number

E-mail Address

H.

**Dual Party Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

I.

**Interim LEC Fund Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

J.

Michael Brady

**Universal Service Fund Mailings** (Name)

One Barnes Park 5.

Mailing Address

203-679-7000

1203-679-7387

mbrady@comtech31.com

Telephone Number

Facsimile Number

E-mail Address

K.

Laura Matosian

**Gross Receipts Mailings** (Name)

Mailing Address

203-679-7257

1203-679-7387

lmatosian@comtech31.com

Telephone Number

Facsimile Number

E-mail Address

L.

Michael Brady

**Lifeline Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

Michael Brady

This form was completed by (print name)

EUP

Title

Michael Brady

Signature

3-31-10

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

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